

Please type a plus sign (+) inside this box →

PTO/SB/05 (05-03)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. 1.53(b))

Attorney Docket No. 9817-000155/COA

First Inventor Truong Nguyen

Title Bimetal Snap Disc Thermostat With Heaters

Express Mail Label No. EL 790113210 US

APPLICATION ELEMENTS		ADDRESS TO:	
See MPEP chapter 600 concerning utility patent application contents.			
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i>		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
3. <input checked="" type="checkbox"/> Specification [Total Pages 16] <i>(preferred arrangement set forth below)</i> - Descriptive title of the Invention <input checked="" type="checkbox"/> - Cross References to Related Applications <input type="checkbox"/> - Statement Regarding Fed sponsored R & D <input type="checkbox"/> - Reference to sequence listing, a table, or a computer program listing appendix <input type="checkbox"/> - Background of the Invention <input type="checkbox"/> - Brief Summary of the Invention <input type="checkbox"/> - Brief Description of the Drawings (if filed) <input type="checkbox"/> - Detailed Description <input type="checkbox"/> - Claim(s) <input type="checkbox"/> - Abstract of the Disclosure <input type="checkbox"/>		8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]			
5. Oath or Declaration [Total Pages 3]		9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee)</i>	
a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for a continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Non Publication under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____	
6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76			

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

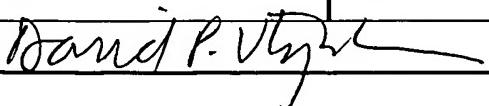
Continuation Divisional Continuation-in-part (CIP) of prior application No: 09 / 580,845

Prior application information: Examiner Anatoly Vortman Group / Art Unit: 2835

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		 27572 (Insert Customer No. or Attach bar code label here)		or <input type="checkbox"/> Correspondence address below	
Name	Harness, Dickey & Pierce, P.L.C.				
Address	P.O. Box 828				
City	Bloomfield Hills	State	MI	Zip Code	48303
Country	United States of America	Telephone	248-641-1600	Fax	248-641-0270

Name (Print/Type)	David P. Utykanski	Registration No. (Attorney/Agent)	39,052
Signature			Date July 3, 2003

16798-U.S.P. 10/613160
07/03/03



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

17712 U.S. PTO
07/03/03

FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 750)

Complete if Known	
Application Number	To be determined
Filing Date	To be determined
First Named Inventor	Truong Nguyen
Examiner Name	To be determined
Group / Art Unit	To be determined
Attorney Docket No.	9817-000155/COA

METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																												
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account: Deposit Account Number: 08-0750					3. ADDITIONAL FEES <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Code</td> <td>Fee (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> </tr> </tbody> </table> <p>The Commissioner is authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.</p>					Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																																																
Large Entity	Small Entity																																																																
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid																																																												
FEE CALCULATION																																																																	
1. BASIC FILING FEE <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> <td></td> </tr> <tr> <td>1001 750</td> <td>2001 375</td> <td>Utility filing fee</td> <td>750</td> <td></td> </tr> <tr> <td>1002 330</td> <td>2002 165</td> <td>Design filing fee</td> <td></td> <td></td> </tr> <tr> <td>1003 520</td> <td>2003 260</td> <td>Plant filing fee</td> <td></td> <td></td> </tr> <tr> <td>1004 750</td> <td>2004 375</td> <td>Reissue filing fee</td> <td></td> <td></td> </tr> <tr> <td>1005 160</td> <td>2005 80</td> <td>Provisional filing fee</td> <td></td> <td></td> </tr> </tbody> </table>					Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid		1001 750	2001 375	Utility filing fee	750		1002 330	2002 165	Design filing fee			1003 520	2003 260	Plant filing fee			1004 750	2004 375	Reissue filing fee			1005 160	2005 80	Provisional filing fee			SUBTOTAL (1) (\$ 750)																												
Large Entity	Small Entity																																																																
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid																																																														
1001 750	2001 375	Utility filing fee	750																																																														
1002 330	2002 165	Design filing fee																																																															
1003 520	2003 260	Plant filing fee																																																															
1004 750	2004 375	Reissue filing fee																																																															
1005 160	2005 80	Provisional filing fee																																																															
2. EXTRA CLAIM FEES <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Independent Claims</th> <th>Multiple Dependent</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td>-20 **</td> <td>= 0</td> <td>X 18 = 0</td> </tr> <tr> <td></td> <td></td> <td></td> <td>-3 **</td> <td>= 0</td> <td>X 84 = 0</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>X 0 = 0</td> <td></td> </tr> </tbody> </table>					Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid				-20 **	= 0	X 18 = 0				-3 **	= 0	X 84 = 0					X 0 = 0		<table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr> <td>Fee Code (\$)</td> <td>Fee Code (\$)</td> <td>Fee Description</td> <td>Fee Paid</td> <td></td> </tr> <tr> <td>1202 18</td> <td>2202 9</td> <td>Claims in excess of 20</td> <td>1809 750</td> <td>2809 375</td> </tr> <tr> <td>1201 84</td> <td>2201 42</td> <td>Independent claims in excess of 3</td> <td>1810 750</td> <td>2810 375</td> </tr> <tr> <td>1203 280</td> <td>2203 140</td> <td>Multiple dependent claim, if not paid</td> <td>1801 750</td> <td>2801 375</td> </tr> <tr> <td>1204 84</td> <td>2204 42</td> <td>** Reissue independent claims over original patent</td> <td>1802 900</td> <td>1802 900</td> </tr> <tr> <td>1205 18</td> <td>2205 9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> <td></td> </tr> </tbody> </table>					Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid		1202 18	2202 9	Claims in excess of 20	1809 750	2809 375	1201 84	2201 42	Independent claims in excess of 3	1810 750	2810 375	1203 280	2203 140	Multiple dependent claim, if not paid	1801 750	2801 375	1204 84	2204 42	** Reissue independent claims over original patent	1802 900	1802 900	1205 18	2205 9	** Reissue claims in excess of 20 and over original patent		
Total Claims	Independent Claims	Multiple Dependent	Extra Claims	Fee from below	Fee Paid																																																												
			-20 **	= 0	X 18 = 0																																																												
			-3 **	= 0	X 84 = 0																																																												
				X 0 = 0																																																													
Large Entity	Small Entity																																																																
Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid																																																														
1202 18	2202 9	Claims in excess of 20	1809 750	2809 375																																																													
1201 84	2201 42	Independent claims in excess of 3	1810 750	2810 375																																																													
1203 280	2203 140	Multiple dependent claim, if not paid	1801 750	2801 375																																																													
1204 84	2204 42	** Reissue independent claims over original patent	1802 900	1802 900																																																													
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent																																																															
SUBTOTAL (2) (\$ 0)					Other fee (specify) _____ *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 0)																																																												

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	David P. Utykanski	Registration No. Attorney/Agent)	39,052	Telephone	248-641-1600
Signature	<i>David P. Utykanski</i>			Date	July 3, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.